

Gold Star Daycare & Afterschool Care

16620 71 St NW T5Z0B6

Phone (780)705-1605

E-Mail [director@goldstardaycare.ca](mailto:director@goldstardaycare.ca)

Registration form

50.00 Non-refundable registration fee

Start date \_\_\_\_\_

Childs Name:
Street address:
Date of birth (M/D/Y)
Sex Male or Female
Days Attending M am pm T am pm W am pm Th am pm F am pm

Mothers Name:	Fathers Name:
Mailing Address:	Mailing Address:
Street Address	Street Address:
City	City:
Postal Code:	Postal Code:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Work Location	Work Location:
Email address	Email address

Emergency contact Persons: OTHER THAN PARENTS Must supply two contact

Name	Name
Address	Address
Cell	Cell
Work Phone	Work Phone
Home Phone	Home Phone
Relationship To child	Relationship to child

2 Authorized Persons to whom child may be released other than emergencies

1.	2.
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Please fill out an authorization for pick up form if someone other than parent/guardian is picking up.

What is your current marital status of the parents

Married	Separated	Divorced	Widowed	Single
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If separated or divorced please state which parent has legal custody and describe access arrangements below. Legal documents are required when a parent does not have access during daycare hours)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who lives in the house with your child? (Spouse, sibling, relatives, other children, pets)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ Age Adopted \_\_\_\_\_

Does he/she know? \_\_\_\_\_

What is your child's ethnic background? \_\_\_\_\_

Is any other language spoken in your home? If yes, what language \_\_\_\_\_

Please share any common phrases or greetings you regularly use \_\_\_\_\_

Are there any special religious or cultural events that are important to your family?

Please describe your previous childcare arrangements

Which school does your child attend: \_\_\_\_\_

Please describe your child's sleeping patterns: Goes to bed at \_\_\_\_\_ gets up at \_\_\_\_\_

Does your child have any strong fears?

\_\_\_\_\_

Any nervous habits?

\_\_\_\_\_

Favorite activities?

\_\_\_\_\_

What methods of behaviour management are used in your home?

\_\_\_\_\_

How does your child react to behaviour management?

\_\_\_\_\_

Describe your child's appetite?

\_\_\_\_\_

Favorite food \_\_\_\_\_ Disliked foods \_\_\_\_\_

General eating habits: Fork \_\_\_\_\_ Spoon \_\_\_\_\_ Knife \_\_\_\_\_

Does your child have a difficult time when you leave?

\_\_\_\_\_

\_\_ General concerns Re: health or behaviour?

\_\_\_\_\_

-

Parental goals. Please feel free to add any other information or comments that you feel would help us provide the best care possible for your child

**Medical Information**

Doctor \_\_\_\_\_ Office number \_\_\_\_\_

Alberta Health care number: \_\_\_\_\_

My child's immunization is up to date and current Yes or NO (please circle)

Allergies and or dietary restrictions:

Food \_\_\_\_\_

Medical \_\_\_\_\_

Other \_\_\_\_\_

Please indicate if your child has had any of the following illness and provide the dates:

Measles (red) \_\_\_\_\_ Head Injury \_\_\_\_\_ Convulsions \_\_\_\_\_ Rubella \_\_\_\_\_ Accidental poisoning \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Fracture \_\_\_\_\_ Bronchitis \_\_\_\_\_ Mumps \_\_\_\_\_ Ear infection \_\_\_\_\_ Other \_\_\_\_\_

Does your child have any medical or emotional conditions that requires medication, treatment or supervision?

If yes please explain \_\_\_\_\_

How does your child react when in contact with said allergen?

\_\_\_\_\_  
—

What immediate first aid should be undertaken?

\_\_\_\_\_  
—

## Parent Involvement

The value of Parental Involvement; Gold Star Day care and OSC welcomes the involvement of all parents in order to successfully offer an enjoyable and quality child care experiences for your child.

The following list contains opportunities for you as parents to become involved in your child's center. Please check off any and all that you are interested in.

\_\_\_\_\_ Parent of the day (spend a morning or afternoon in your child's room)

\_\_\_\_\_ Attend and assist on a field trip with your child's class

\_\_\_\_\_ Come and participate in circle time, read a book to your children

\_\_\_\_\_ Spring yard clean up Gold Star Day Care Busy Bee Day

\_\_\_\_\_ Fall yard clean up – Gold Star Day Care Busy Bee Day

\_\_\_\_\_ Parent/Caregiver Interviews

\_\_\_\_\_ Parents helping parents.

Would you like us to add you and your skills/work details to our parent resource list?

Yes \_\_\_\_\_ No \_\_\_\_\_

Business Card Supplied \_\_\_\_\_

Immunization:

Please sign below if your child's immunization records are up to date and supply a photocopy for your child's file

Parent signature \_\_\_\_\_

Parental Permission

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to go on walks around the neighborhood. I also give my permission for my child to play in the neighborhood and in the attached playgrounds under the supervisor of the staff of Gold star

Re: permission to seek medical attention

In case of a medical emergency, I understand that every effort will be made to contact the parent/legal guardian of my child.

In the event of emergency or medical situation that either parents/legal guardian can be contacted, I give permission to the staff of Gold Star to seek medical attention in whichever way they believe to be appropriate. I agree to be responsible for any costs that may be incurred from any such action taken.

Parent signature that all information is correct and up to date

\_\_\_\_\_